

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-001)**

SERIAL NO.  
**588492**  
APPLICANT'S

FILING DATE  
**6-6-00**

**CLAIMS**

	AS FILED		AFTER IN ASSIGNMENT		AFTER DISASSIGNMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2						
3						
4						
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11						
12						
13	1					
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25	1					
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36						
37	1					
38						
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40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL	44					
TOTAL						

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
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